

FLC Seniors Club
Old Spokes Cycling Club
MEMBERSHIP REGISTRATION

FLC SENIORS # _____ DATE: _____

NAME: _____

ADDRESS: _____

CITY: _____ POSTAL CODE: _____

E-MAIL: _____

PHONE: _____ CELL: _____

EMERGENCY CONTACT: Name: _____

PHONE: _____ CELL: _____

CYCLING ABILITY: _____ Level 1 _____ Level 2 _____ Level 3

REGISTRATION FEES: \$5.00 cash PAID: _____

PERSONAL INFORMATION RELEASE: By signing this form, I give permission to the “FLC Seniors Old Spoke Cycling Club” to produce and distribute a membership list for all cycling members to be used for the Club’s activity only.

PHOTO RELEASE: By signing this form, I give permission to the “FLC Seniors Old Spoke Cycling Club” to use photos that may include me – in the distance or from behind – on the FLC Cycling web pages.

EXECUTIVE: Next winter, would you like to join the Executive or be a back-up in guiding our Club?

CIRCLE one position that interests you:

Cycling Club Coordinator
Secretary
Treasurer

Membership Coordinator
Schedule Coordinator
Weekly Ride Leaders

Bus Coordinator
Communications Coordinator
Social Coordinator

RESPONSIBILITY: I understand that it is my responsibility to carry the **MEDICAL INFORMATION CARD** on all rides.

PRINT NAME

SIGNATURE